

**INFORMATIONAL LETTER NO. 2187-MC-FFS**

**DATE:** November 17, 2020

**TO:** Iowa Medicaid Ambulance Providers

**APPLIES TO:** Managed Care (MC), and Fee-for-Service (FFS)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Ground Emergency Medical Transportation (GEMT) Dry Runs

**EFFECTIVE:** Upon Receipt

The purpose of this Informational Letter is to provide a policy clarification for reporting GEMT dry runs and cost on the Iowa Medicaid GEMT Cost Report.

The Centers for Medicare and Medicaid Services (CMS) has recently provided revised policy guidance to the State of Iowa regarding their GEMT dry run policy. The clarification specifically addresses the treatment of dry run cost and transportation units on the Iowa GEMT Medicaid Cost Report.

The revised CMS policy guidance below is based on a definition of “dry runs” where Medicaid-covered services are NOT delivered on site and no transportation is provided. In the GEMT cost per transport formula where the numerator is “cost” and the denominator is “total trips”, the GEMT provider may:

- Include dry runs (as defined above) in both the numerator and the denominator
- OR
- Exclude dry runs (as defined above) from both the numerator and denominator

Beginning with the state fiscal year (SFY) 2020 cost reports, based on the revised CMS policy guidance, the Iowa Medicaid Enterprise will calculate the cost per trip based on whether the provider has either included or excluded the dry run costs on the Iowa Medicaid GEMT cost report.

Questions regarding this clarification can be sent to [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us).